

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10554256

FILING DATE

12 OCT 2000

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 3 <sup>rd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		2		1		
4		0		1		
5		0		1		
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TOTAL NO.	1	↓	2	↓		↓
TOTAL DEP.	8	←	7	←		←
TOTAL CLAIMS	9		9			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 3 <sup>rd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL NO.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY